



**Standard Application Form for
New or Expanding Large Swine Facilities**
(500,001 lbs or more normal production live weight)
Please Type or Print

Section 1 – FACILITY INFORMATION

DATE _____ FACILITY NUMBER _____ND

NEW _____ OR EXPANDING _____ FACILITY

IF EXPANDING: PERMIT NUMBER _____ DATE APPROVED _____

FARM NAME _____

COUNTY _____ COMMUNITY _____

LOCATION _____

IS THIS FARM PLANNING TO BE A CONTRACT GROWER WITH AN INTEGRATOR? YES or NO

NAME OF INTEGRATOR _____

DOES THIS FACILITY COMPLY WITH THE INTEGRATORS 3-YR GROWTH PLAN? YES or NO

Section 2 – CONTACT INFORMATION

PERMIT APPLICANT _____

ADDRESS _____

PHONE NUMBER (WORK) _____ (HOME) _____ (CELL/BEEPER) _____

ARE YOU THE PROPERTY OWNER OF RECORD? YES or NO IF NO, PROVIDE INFORMATION:

PROPERTY OWNER OF RECORD _____

ADDRESS _____

PHONE NUMBER (WORK) _____ (HOME) _____ (CELL/BEEPER) _____

OPERATOR'S NAME _____

ADDRESS _____

PHONE NUMBER (WORK) _____ (HOME) _____ (CELL/BEEPER) _____

PLAN PREPARER _____

TITLE/SC REGISTRATION NUMBER _____

ADDRESS _____

PHONE NUMBER (WORK) _____ (FAX) _____ (CELL/BEEPER) _____

Section 3 – ANIMAL TYPES & NUMBERS

AVERAGE ANIMAL LIVE WEIGHT = average exit weight + average entry weight = (_____) + (_____) = _____ pounds

Type(s) of Animals	Maximum # of Animals (at any one time)	Normal Production Live Weight (pounds)	Total Manure (tons/yr or gal/yr)	Manure to Treatment System	Additional Scraped Solids or Compost	Acres for Land Application

DO YOU OWN ANY OTHER SWINE FACILITIES WITHIN 25 MILES OF THE PROPOSED FACILITY? YES or NO

IF YES, LIST EACH FACILITY AND THE NORMAL LIVE PRODUCTION WEIGHT FOR EACH FACILITY:

Section 4 – MANURE HANDLING & TREATMENT

MANURE HANDLING: DRY or WET

TREATMENT PROPOSED _____

ARE YOU LAND APPLYING THE MANURE? YES or NO

IF YES, DO YOU OWN ALL OF THE MANURE UTILIZATION AREAS? YES or NO

CONTRACT DISPOSAL OF SOLIDS WITH BROKER? YES or NO

NAME OF BROKER _____

IS INNOVATIVE OR ALTERNATIVE TECHNOLOGY BEING PROPOSED FOR THIS FACILITY? YES or NO

ARE YOU APPLYING FOR EXCEPTIONAL QUALITY COMPOST QUALIFICATION? YES or NO

NUMBER OF GROUNDWATER MONITORING WELLS PROPOSED _____

VOLUME OF LAGOON OR STORAGE POND (if applicable) _____ cubic feet

NUMBER OF HOUSES/GROWING AREAS: Existing _____ Proposed _____

ARE YOU A CERTIFIED MANURE MANAGER? YES or NO TRAINING DATE _____

SCDLLR OPERATOR CERTIFICATION # _____

HAS A PUBLIC MEETING BEEN HELD WITH THE COMMUNITY? YES or NO

Section 5 – FACILITY SEPARATION DISTANCES

SEPARATION DISTANCES:	ANIMAL GROWING AREA		TREATMENT/STORAGE SYSTEM	
	Required	Actual	Required	Actual
POTABLE WELLS (500,001 – 999,999 lbs)	200 feet		500 feet	
POTABLE WELLS (1,000,000 lbs or more)	1750 feet		1750 feet	
POTABLE WELLS OWNED BY THE APPLICANT	50 feet		100 feet	
WATERS OF THE STATE (excluding ephemeral & intermittent streams) (500,001 - 999,999 lbs)	200 feet		1320 feet**	
WATERS OF THE STATE (excluding ephemeral & intermittent streams) (1,000,000 lbs or more)	2640 feet		2640 feet	
OUTSTANDING RESOURCE WATERS, CRITICAL HABITATS FOR ENDANGERED SPECIES, SHELLFISH HARVESTING WATERS (500,001 – 999,999 lbs)	200 feet		2640 feet	
OUTSTANDING RESOURCE WATERS (1,000,000 lbs or more)	2640 feet		3960 feet	
EPHEMERAL OR INTERMITTENT STREAMS	100 feet*		100 feet*	
DITCHES OR SWALES (drain to ephemeral or intermittent streams)	50 feet		50 feet	
DITCHES OR SWALES (drain to waters of the state)	100 feet*		100 feet*	
PROPERTY LINE (500,001 – 750,000 lbs) (can be reduced or waived with written consent)	1000 feet		1000 feet	
PROPERTY LINE (750,001 – 999,999 lbs) (can be reduced or waived with written consent)	1000 feet		1250 feet	
PROPERTY LINE (1,000,000 lbs or more) No waivers or reductions	1750 feet		1750 feet	
OCCUPIED PERMANENT RESIDENCE (500,001 – 999,999) (can be reduced or waived with written consent)	1000 feet		1000 feet	
OCCUPIED PERMANENT RESIDENCE (1,000,000 lbs or more) No waivers or reductions.	1750 feet		1750 feet	
SWINE FACILITY OF THE SAME SIZE OR LARGER (500,001 – 999,999 lbs)	2 miles		2 miles	
SWINE FACILITY OF THE SAME SIZE OR LARGER (1,000,000 lbs or more)	25 miles		25 miles	

*distance may be reduced if a vegetative water quality buffer, at least 50 feet wide, that meets NRCS guidelines is installed and maintained.

**distance reduced to 500 feet if a design is implemented to prevent manure from entering waters of the state in the event of a structural failure.

Section 6– VEGETATIVE WATER QUALITY BUFFERS

VEGETATIVE WATER QUALITY BUFFER PROVIDED BETWEEN MANURE STORAGE/TREATMENT STRUCTURE AND WATERS OF THE STATE: Existing Vegetation or Planned Vegetation

WIDTH OF VEGETATIVE BUFFER _____

DOES VEGETATIVE BUFFER MEET NRCS SPECIFICATIONS? YES or NO

Section 7– MANURE UTILIZATION AREA INFORMATION

For more fields please make copies of this page and add as additional sheets.

SEPARATION DISTANCES:	Tract #→							
	Field #→							
POTABLE WELL	200 ft							
WATERS OF THE STATE (500,001 – 999,999 lbs)	100 ft							
WATERS OF THE STATE (1,000,000 lbs or more)	150 ft							
EPHEMERAL & INTERMIT. STREAMS (500,001 – 999,999 lbs)	100 ft*							
EPHEMERAL & INTERMIT. STREAMS (1,000,000 lbs or more)	100 ft							
DITCHES (drains to streams) (500,001-999,999 lbs)	50 ft							
DITCHES (drain to waters of the state) (500,001 – 999,999 lbs)	100 ft							
DITCHES (1,000,000 lbs ore more)	150 ft							
PROPERTY LINE (1,000,000 lbs or more)	200 ft							
RESIDENCE (500,001 – 999,999 lbs)	300 ft**							
RESIDENCE (1,000,000 lbs or more)	750 ft							

*Reduced to 75 ft for incorporated manure, and 50 ft for injection or incorporation within 24 hours.

**If method of application is injection or immediate incorporation, then manure may be spread to the property line. All residence setbacks may be reduced by consent of the owner of the residence.

METHOD OF MANURE APPLICATION _____

NUMBER OF FIELDS REQUIRING GROUNDWATER MONITORING WELLS _____

Section 8-- PERMIT APPLICATION SUBMITTAL REQUIREMENTS

SUBMITTAL PACKAGE SHOULD INCLUDE 2 COPIES OF THE FOLLOWING ITEMS (check each item submitted):

- ____ 1. ORIGINAL APPLICATION (and 1 copy of the original)
- ____ 2. SWINE FACILITY MANAGEMENT PLAN
 - a. Swine Manure Management System Description
 - b. Design Calculations and Construction Details for treatment/storage structure, including exact location and design information.
 - c. Details for the Air Pollution Control Device to be installed on the treatment/storage structure (for facilities with 1,000,000 lbs or more)
 - d. Details for the Automated Lagoon Level Monitoring Device (for facilities with 1,000,000 lbs or more)
 - e. Concentration of Manure Constituents
 - f. Crop Management Plan (including contracts for each field not owned by the applicant, field owner's name and contact information)
 - g. Type of Waste Transport/Spreading Equipment (if applicable)
 - h. Manure Application System Specifications and Details (if applicable)
 - i. Manure Utilization Area Information and Maps
 - j. Soils Information (maps & descriptions)
 - k. Location maps (showing facility, treatment/storage structure, and all fields)
 - l. Copy of Tax Map (identifying all adjoining property owners within 1320 feet of the facility with names & addresses)
 - m. 100 year floodplain locations (facility may not be located in the 100-year floodplain)
- ____ 3. GROUNDWATER MONITORING WELL PROGRAM & DETAILS
- ____ 4. ODOR ABATEMENT PLAN
- ____ 5. VECTOR ABATEMENT PLAN
- ____ 6. PRIMARY METHOD OF DEAD ANIMAL DISPOSAL: _____
- ____ 7. ALTERNATIVE METHOD OF DEAD ANIMAL DISPOSAL FOR EXCESSIVE MORTALITY: _____
- ____ 8. CONTRACTS FOR CONTRACT DISPOSAL OF DEAD ANIMALS OR MANURE (if applicable)
- ____ 9. SOIL MONITORING PLAN
- ____ 10. PLANS & SPECIFICATIONS FOR ALL OTHER TREATMENT OR STORAGE STRUCTURES (composter, stacking shed, etc...)
- ____ 11. NOTICES OF INTENT FROM ALL PROPERTY OWNERS WITHIN 1320 FEET OF THE FOOTPRINT OF THE FACILITY
- ____ 12. EMERGENCY PLAN
- ____ 13. WRITTEN CONSENT FOR WAIVING OR REDUCING SETBACKS (if applicable)
- ____ 14. ALTERNATIVE TECHNOLOGY PROPOSAL (if applicable): Specifications, and a detailed report including purpose and expected benefits.
- ____ 15. APPLICATION FEES: See instructions on the back of this page for amount.
- ____ 16. ANNUAL OPERATING FEE: See instructions for amount (first year's fee must be submitted before permit is issued).

Section 9- CERTIFICATION

I HEREBY CERTIFY THAT ALL OPERATIONS, MAINTENANCE AND ASSOCIATED ACTIVITY PERTAINING TO THIS SITE SHALL BE ACCOMPLISHED PURSUANT TO AND IN KEEPING WITH THE TERMS AND CONDITIONS OF THE APPROVED PLANS. I HAVE READ THIS APPLICATION AND AGREE TO THE REQUIREMENTS AND CONDITIONS THAT ARE CONTAINED WITHIN. THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I HEREBY GRANT AUTHORIZATION TO THE DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL THE RIGHT OF ACCESS TO THE SITE AT ALL REASONABLE HOURS FOR THE PURPOSE OF SAMPLING AND ON SITE INSPECTIONS.

Printed Name /Owner or Leasee

Signature/Owner or Leasee

I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT THE DESIGN IS CONSISTENT WITH THE REQUIREMENTS OF TITLE 48, CHAPTER 1 OF THE 1987 SC CODE OF LAWS, AND PURSUANT REGULATION 61-43 AND APPROPRIATE NRCS STANDARDS.

Printed Name/Plan Preparer

Signature/Plan Preparer

APPLICATION INSTRUCTIONS – Large Swine Facility Permit

Purpose: This form must be completed as part of an application package submitted for DHEC approval of proposed NEW and EXPANDING agricultural large swine facilities. The required items should be checked to ensure that a complete administrative package has been submitted. If a complete administrative package is not submitted, the entire project may be returned.

Item-by-Item Instructions: Section 1 - Facility Information. *Date:* Enter the date of application. *Facility Number:* Leave blank, Department staff will assign a facility number. *New or Expanding Facility:* If this application is for an existing facility that has previously obtained an agricultural swine facility permit from DHEC, then indicate by circling EXPANDING, or NEW for a new facility. If EXPANDING, then provide the following: *Permit Number:* Provide the permit number for the permitted facility, and *Issue Date:* provide the date on which DHEC issued the permit. *Farm Name:* Give the name of the proposed agricultural animal facility. *County:* Give the county in which the proposed facility is to be located. *Community:* Give the name of the community in which the proposed facility is to be located. *Location:* Give directions to the proposed facility from the nearest town or state road. *Integrator Information:* Circle YES or NO to indicate whether this farm will be under contract with an integrator or integrating company. Provide the Name of the Integrator for this facility. Circle YES or NO to indicate whether this facility is in compliance with the Integrator's 3-yr growth plan required under the Integrator Registration Program. The Integrator should provide this information to the applicant.

Section 2 - Contact Information. *Permit Applicant:* Enter the name, address and phone numbers for the person who is applying for the permit. Circle YES or NO to indicate whether the permit applicant is the property owner of record. *Property Owner of Record:* Enter the name, address and phone number of the person who legally owns the property on which the proposed agricultural animal facility is to be located. *Operator:* Enter the name, address and phone number of the person who will be responsible for the daily operation of the proposed facility. *Plan Preparer:* Enter the name of the plan preparer. *Title/SC Registration Number:* Enter the title and SC registration number (if applicable) of the person responsible for the design of the Animal Facility Management plan. *Address, Phone Number:* Enter the business address and phone numbers for the plan preparer.

Section 3 – Animal Types & Numbers. *Average Animal Live Weight:* Calculate the average weight of one animal unit by taking the average exit weight plus the average entry weight and divide by two. *Type of Animal Operation:* Indicate the type of animal proposed to be grown at this facility (i.e. sows, nursery pigs, finishing, etc...). *Maximum # of Animals (at any one time):* Indicate the maximum number of each type of swine at the facility at any one time. *Normal Production Animal Live Weight (lbs):* The maximum number of swine at the facility at any one time multiplied by the average animal live weight of those swine. *Total Manure Produced (tons/year or gal/year):* The total amount of manure produced by the animals in the span of one year. This amount should be represented in tons per year for dry manure and in gallons per year for wet manure. *Manure to Treatment System:* Provide the amount of manure or wastewater that is conveyed to a treatment system (if applicable). *Additional Scraped Solids or Compost:* Provide the amount of manure or solids that may be scraped at the barn, rather than conveyed to the treatment system. Or provide the amount of compost produced at a facility (if applicable). *Acres for Land Application:* The value here should be the number of acres available, that you would like to designate as manure utilization areas.

Section 4 – Manure Handling & Treatment. *Manure Handling:* Circle DRY or WET to indicate the type of manure handling for this operation. *Treatment Proposed:* Describe the type of manure treatment being proposed at the facility. *Land Application:* Circle YES or NO to indicate whether the manure will be land applied. *Owner of Manure Utilization Areas:* Circle YES or NO to indicate whether the permit applicant owns all of the manure utilization areas. If the applicant does not own all of the manure utilization areas, then owner information must be provided for each manure utilization area in the Animal Facility Management Plan. *Manure Broker:* Circle YES or NO to indicate whether a manure broker will be used for contract disposal of solids from this facility and provide the name of the broker to be used (if applicable). *Treatment Technology:* Circle YES or NO to indicate whether innovative and alternative technology is being proposed for this facility. *Exceptional Quality Compost:* Circle YES or NO to indicate whether you are applying for the manure treated at your facility to qualify as exceptional quality compost (must meet product quality standards outlined in Part 300 of R.61-43). *Number of Groundwater Monitoring Wells:* Provide the number of groundwater monitoring wells that are proposed for this facility. *Volume of Lagoon or Storage Pond:* Provide the volume area of the proposed lagoon or storage pond. If more than one lagoon or storage pond is utilized, please provide the volume of each structure separately. *Number of Houses:* Indicate the number of existing and proposed houses that will be located on this property (All houses located on the same property tract must be considered one facility). *Certified Manure Manager:* Circle YES or NO to indicate whether the operator of the facility has attended the certified manure manager's training and certification class conducted by Clemson Extension Service. Indicate the date on which the certification or training was obtained. *SCDLLR Certification Number:* Provide the certification number for the licensed agricultural treatment plant operator, which is required for large swine facilities with 1,000,000 pounds or more normal production live weight. *Public Meeting:* Circle YES or NO to indicate whether a public meeting has been held with the community prior to making this application.

Section 5 – Facility Separation Distances. *Separation Distances:* This table outlines the required setbacks for the barns, lagoons, manure storage ponds or manure treatment systems. Please enter the actual separation distance for the proposed facility in the appropriate spaces.

Section 6 – Vegetative Water Quality Buffer: Circle either Existing Vegetation or Planned Vegetation to indicate whether there is enough existing vegetation on site to utilize as a vegetative buffer or if planned vegetation will be planted as a buffer. Provide the width of the vegetative buffer, and Circle YES or NO to indicate if the buffer meets NRCS specifications for vegetative water quality buffers.

Section 7 – Manure Utilization Area Information. This table outlines the required setbacks for manure utilization areas. Enter field identification information, tract number, field number, and the actual separation distances for each manure application field in the appropriate spaces. Make copies of this page if you need additional tables for the field information. *Method of Manure Application:* Provide the method of manure application for this operation. *Groundwater Monitoring:* Enter the number of fields requiring groundwater monitoring wells.

Section 8 – Permit Application Submittal Requirements. Check each item that is being submitted as a part of this application. All items under Section 8 should be submitted to DHEC for review. In accordance with the **Environmental Protection Fee Reg. 61-30**, an application fee is required for submitting an Application for agricultural animal facilities. There is a requirement that DHEC meet certain time frames when processing permit applications. The "DHEC Time" is not the total time but rather it is generally the time that DHEC spends working on an application after a complete package is received. "DHEC Time" does not include the time an applicant takes to supply any information that may be requested by DHEC. The fees and time frames are as follows:

Agricultural Permit Application Fees		
Facility Type	DHEC Time	Fee
Large Swine Facilities (greater than 500,000 lbs).....	120 days.....	\$680
Large Swine Facilities (greater than 1,000,000 lbs)	120 days.....	\$2500

Note: Make **CHECKS** payable to SC DHEC/Bureau of Finance.

Regulation R61-30 also authorizes DHEC to assess annual environmental operating permit fees for certain permits. All new facilities must submit payment for the first years operating fee before the permit to construct is issued. The operating fee is \$300 per year for large swine facilities with more than 500,000 pounds and \$500 per year for large swine facilities with 1,000,000 pounds or greater normal production live weight .

Section 9 – Certification. For this section, please read the certification statements and have the appropriate person(s) sign the certification.

DHEC Processing Procedures:

Two (2) copies of the submittal package are submitted to DHEC. After Permitting, DHEC files the original in the main project file, located in DHEC's central office. DHEC sends a copy of the approved package to the appropriate EQC District Office.